Neamerization Assistance Program

Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name:

Work Order Type: Weatherization Audit Name: MADISON

CLIENT INFORMATION

Client Name:

Client ID: DONNA GLENN

Alt. Client ID: 16016SW-1035

AGENCY INFORMATION

Agency: SWHRA

Address: 1574 White AVE

Henderson, TN

Agency Contact: STANFILL, BUTCH

Address:

Agency Phone: (731) 989-5111

Fax:

Email Address:

Work Phone: Cell Phone:

Email Address:

Company Name & License Number:	
Contractor's Signature:	

COMMENT

NOTICE: CERTIFIED FIRM/ RENOVATOR REQUIRIED

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-422-4780

Client Name:

Client ID:

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Report Run On: 5/23/2010

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Measures

ı	Measure 1 Infilti	ration Redctn			Componen	ts			Inspected	
C	Comment									
					Estimated					
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Construction Materials/Hardwar e	Water heater closet seal ceiling and walls, Caulk all window trim on inside, Caulk all crown molding	Each	1						
2	Labor	Labor	Hour							
3	Construction Materials/Hardwar e	Front bedroom seal closet ceiling, Bedroom 31 seal closet ceiling top and bottom, Seal pipes under bath sink, Install attic access cover and both door jams,Big pantry seal fllor to wall and ceiling	Each	1	Transmission of the state of th				*.	
4	Labor	Labor	Hour							
5	Construction Materials/Hardwar e	al all base on cabinets, small pantry floor and ceiling, Floor under cabinets below window, laundry room seal door jam and floor at step. Door jam at back door, wall to floor at washer, Seal around electrical panel	Each	1						
6	Labor	Labor	Hour	k.						
0	ther Detail		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	house about restreamont are assessment states. Muse		·	(-1	y	
Measure Sub Total: Sub Total:										
	Field Notes:									

Client Name:

Client 1D:

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Measure 2 DW	H Pipe Insulation			Componen	ts		I	nspected
Comment								
				Estimated	f		Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	DHW Pipe Insulation	Each	1					
2 Labor	Labor	Each	1					
Other Detail		[1		
] []		
			B# an avve	Sub Total:] []	Sub Total:	
			weasure	Sub Total.]	July Tolum	
Measure 3 Wal				Componen	<i>t</i> s E1,E2 W1,W		,S1,S2, <i>I</i>	nspected
# Material / Labor				Estimated			Actual	L
	Description / Comment	Units	Qty	Estimated Unit Cost	Total	Qty	Actual Unit Cost	Total
1 Insulation	Description / Comment Wall Insulation - Blown Cellulose - 2x4 Filled	<i>Units</i> SqFt	Qty 1065			Qty		Total
1 Insulation 2 Labor	Wall Insulation - Blown					Qty		Total
	Wall Insulation - Blown Cellulose - 2x4 Filled	SqFt	1065			Qty		Total
2 Labor	Wall Insulation - Blown Cellulose - 2x4 Filled	SqFt	1065			Qty		Total
2 Labor	Wall Insulation - Blown Cellulose - 2x4 Filled	SqFt	1065			Qty		Total
2 Labor	Wall Insulation - Blown Cellulose - 2x4 Filled	SqFt SqFt	1065					Total

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Measure 4 CO	Monitor is Needed			Componen	ts		I	nspected
Comment			•	1.41				
				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Health and Safety Items	CO monitor	Each	1					
2 Labor	Labor	Hour	1					
Other Detail						1		····
			Measur	e Sub Total:			Sub Total:	
Field Notes:	Walter the state of the state o			***************************************				
	tice Lead Safe Weathe	rization		Componen	ts		1	Inspected
Measure 5 Prac	tice Lead Safe Weathe	rization		Componen Estimated			I Actual	inspected
	tice Lead Safe Weathe Description / Comment	rization Units	Qty			Qty		Inspected
Comment	Description / Comment			Estimated		Qty	Actual	
Comment # Material / Labor 1 Health and Safety	Description / Comment	Units	Qty	Estimated		Qty	Actual	
# Material / Labor 1 Health and Safety Items	Description / Comment Equipment	<i>Units</i> Each	Qty 1	Estimated		Qty	Actual	
# Material / Labor Health and Safety Items Labor	Description / Comment Equipment	<i>Units</i> Each	Qty 1	Estimated		Qty	Actual	
# Material / Labor Health and Safety Items Labor	Description / Comment Equipment	<i>Units</i> Each	Qty 1	Estimated		Qty	Actual	
# Material / Labor Health and Safety Items Labor	Description / Comment Equipment	Units Each Hour	Qty 1 1	Estimated			Actual	

i	Measure 6	•	r Barrier Needed ement/Crawlspace)			Component	ts			Inspected
C	Comment									
						Estimated			Actual	
#	Material / Lab	or	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and S Items	afety	Basement / crawlspace vapor barrier	Each	1					A A A A A A A A A A A A A A A A A A A
2	Labor		Labor	Hour	1					
(Other Detail									
Γ										
_					Measur	e Sub Total:] ;	Sub Total:	
-	Field Notes:			MARKET POTO PER SELECTION OF THE PERSON OF T		AND THE PROPERTY OF THE PROPER			***************************************	
							aucov.			
-								C =	-l T-tale	
				Work Or	der Gra	nd Total:		Gran	d Total:	